NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This form	should be	filed after the	e Committee	qualifies as a	multicandidate	committee.

1. (a)	NAME OF C	COMMITTEE IN FULL			1						
		Conservatives Fund									
1 (d)	Number and PO Box 14	Street Address 491	2. FEC IDENTIFICATION NUMBER								
			C00560599								
(c) (City, State a	nd ZIP Code	TYPE OF COMMITTEE (check one) STATE PARTY								
	Annandale		22003	OTHER							
I cert	ify that	one of the following situations	is correct (co	mplete line 4 or 5):							
4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its affiliation with:											
	Committee Name:										
	FEC Identification Number:										
5.	SIAIU	S BY QUALIFICATION:									
	(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):										
		Name		Office Sought	State/Dis	trict	Date				
	(i)	Glo Smith		House	FL	05	10/27/2014				
	(ii)	TIMOTHY E SCOTT		Senate	sc	00	10/23/2014				
	(iii)	BRADLEY MARK Mark WALKER		House	NC	06	10/24/2014				
	(iv)	MIA LOVE		House	UT	04	04/25/2014				
	(v)	T W SHANNON		Senate	OK	00	04/25/2014				
 (b) Contributors: The committee received a contribution from its 51st contributor on: 04/24/2014											
	` '	alification: The committee m		•	02/25/2015		_•				
		re examined this Statement and to the be	est of my knowledge SIGNATURE OF TE	DE A OLIDED	t and complete. lectronically Filed	DATE					
Patrick Krason			Patrick Krason	ссы описшу 1 иви		02/25/2015					
NOTE	Submission	on of false, erroneous, or incomplete info ANY CHANGE IN INFO		the person signing this Sta DBE REPORTED WITHIN		alties of	2 U.S.C. §437g.				